Dental					
	e Modifiers	Description	National Code	Modifiers	Description
X1110	N/A	Prophylaxis-Adult	D1110	N/A	Prophylaxis-Adult (13 and over)
			D1120	N/A	Prophylaxis-Child (12 and under)
		Guidelines: Choose the most appropriate ba	ased on the recipie	nts age. Plea	se note the recipient must meet the criteria set forth by MHRH.
	<u> </u>	Topical application of Flyanida		T T	
X1204	N/A	Topical application of Fluoride (prophylaxis not included) -Adult	D1203	N/A	Topical application of Fluoride (prophylaxis not included) -Child (20 and under)
A1204	IN/A	(prophylaxis not included) -Addit	D1203	N/A	Topical application of Fluoride (prophylaxis not included) -Cfind (20 and under)  Topical application of Fluoride (prophylaxis not included) -Adult (21 and over)
		Guidalinas: Choosa the most enproprieta			ease note the recipient must meet criteria set forth by MHRH.
		Guidennes. Choose the most appropriate	based on the recip	nems age. Fi	ease note the recipient must meet criteria set forth by MTIKTI.
X1351	N/A	Sealant-per tooth	D1351	N/A	Sealant-per tooth
Guideline	es: If the rec	pient is 21 and over send the claim to the De	ental Provider Rep	oresentative.	If the recipient is under 21 bill the claim normally. Please note the recipient must mee
			the crite	ria set forth b	y MHRH.
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		Production of a second second second			
74241		Periodontal scaling and root planning-per			
X4341 or	NT/A	quadrant <b>or</b> Periodontal scaling performed	D4241	NT/A	
X4345	N/A	in the presence of gingival inflammation	D4341	N/A	Periodontal scaling and root planning-per quadrant
Guidelines	: If the recip	pient is 21 and over than Prior Authorization	is required. If the	recipient is u	nder 21 please bill the claim normally. Please note they must meet the criteria set for
				by MHRH.	
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****		Periodontal maintenance (following active			
X4910	N/A	therapy)	D4910	N/A	Periodontal maintenance (following active therapy)
Guidalin	og. If the rec	injent is ever 21 then Brief Authorization is	raquirad If the re	ainiant is und	er 21 than bill the claim normally. Please note the recipient must meet the criteria se
Guideillie	es. If the rec	ipient is over 21 than Filor Authorization is		forth by MHR	•
				orui by Milin	di.
	N/A	General Anesthesia (first 30 minutes)	D9220	N/A	
X9220		(			
X9220		ient is 21 and over Prior Authorization is rec	uired. If the recin	ient is under	21 than bill the claim normally. Please note the recipient must meet the criteria set fo
	: If the recip		1		*
	: If the recip	ient is 21 and over 1 not radiofization is rec		by MHRH.	
	: If the recip	ient is 21 and over 11101 Audionzation is rec		ву мнкн.	
	: If the recip	Behavior Management	D9920	N/A	Behavior Management